

How to Effectively Code for Endoscopic Procedures in Gastroenterology

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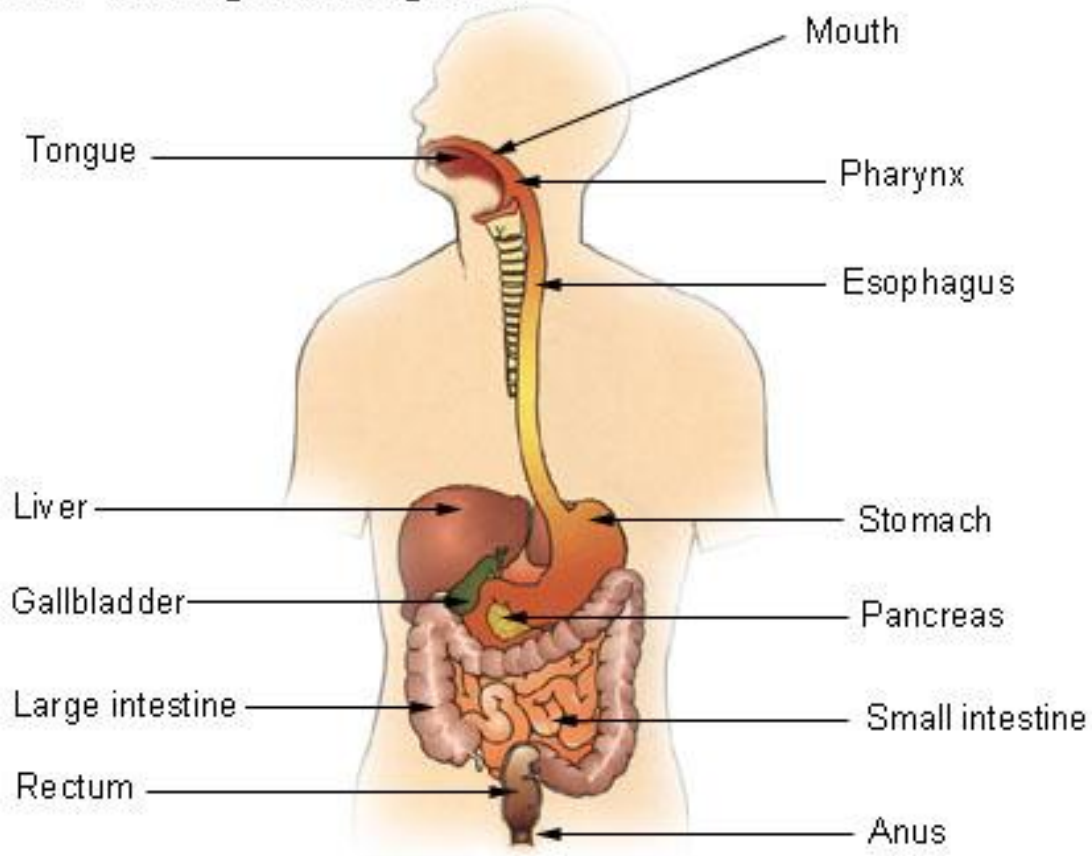
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Objectives

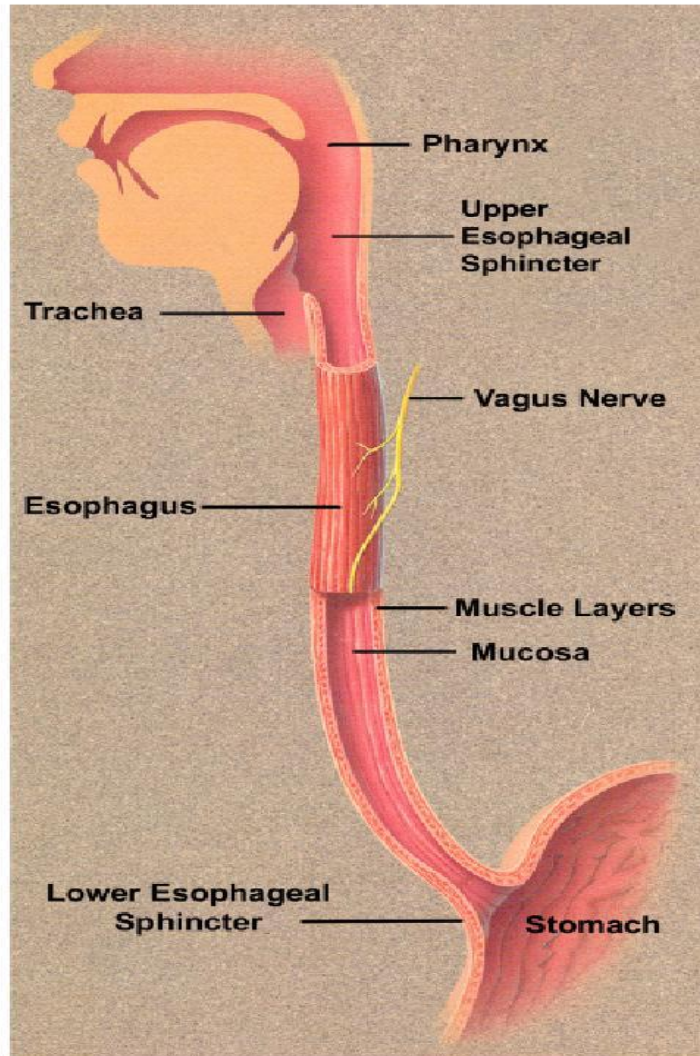
- Diagnosis and Terminology used in endoscopic procedure in gastroenterology
- Basic and advanced endoscopy procedures and techniques in gastroenterology (videos will be shown for each procedure)
- Current ICD-9 & CPT coding instruction
- “Multiple Endoscopy Reimbursement”

Anatomy

Organs of the Digestive System



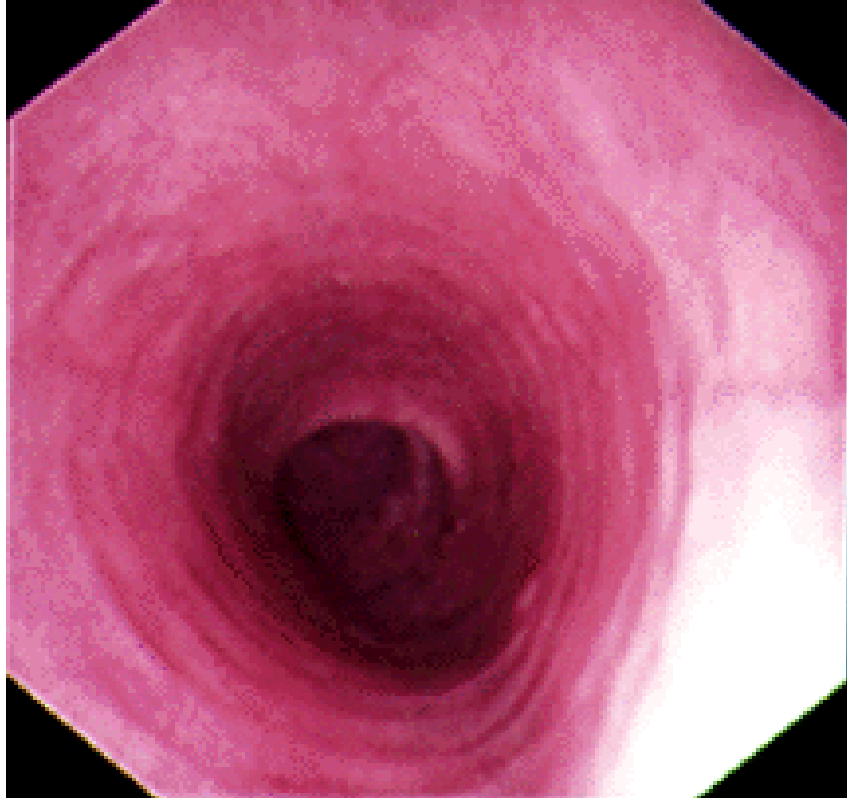
Esophagus



- Pharynx
- Upper esophageal sphincter (UES)
- Upper esophagus
- Middle esophagus
- Lower esophagus
- Lower esophageal sphincter (LES)

Most common endoscopic report using Location by distance from incisors (CM)

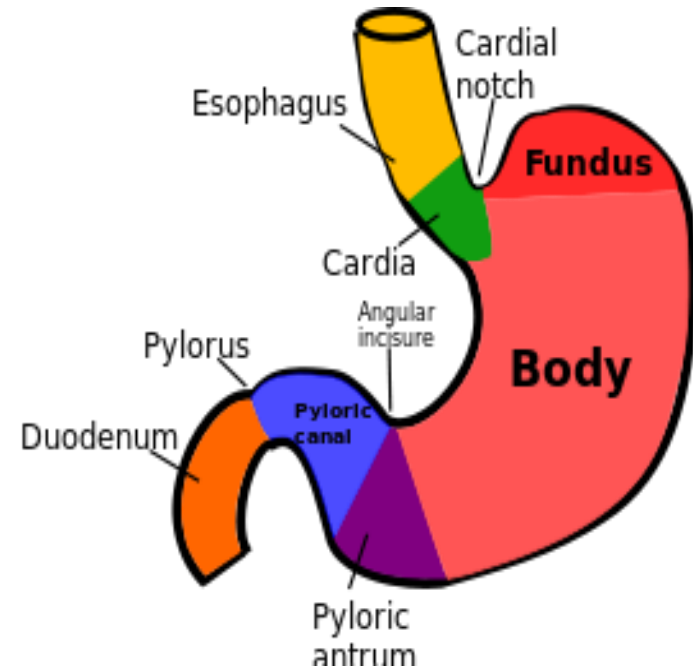
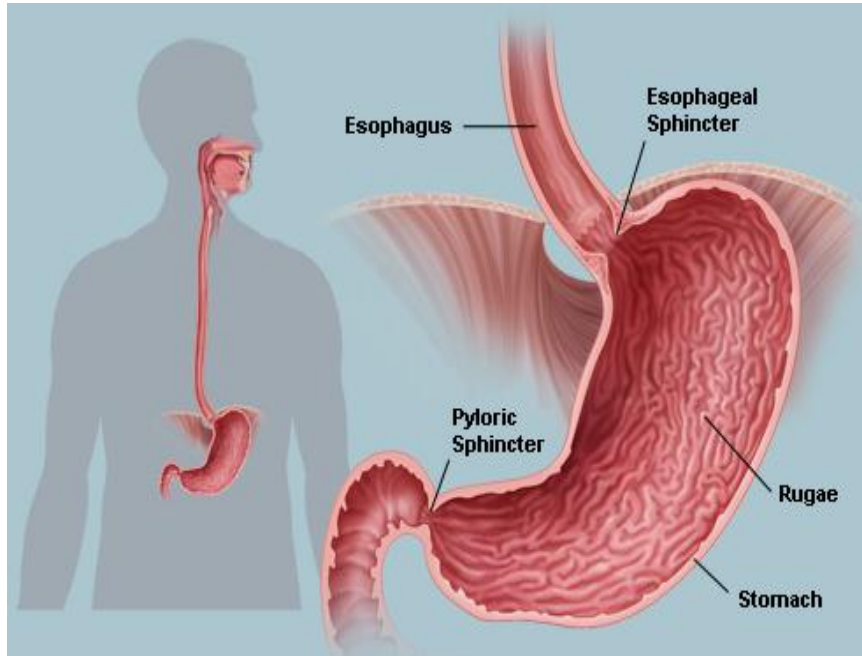
Normal esophagus – endoscopic view



Lower esophageal sphincter (LES) endoscopic view



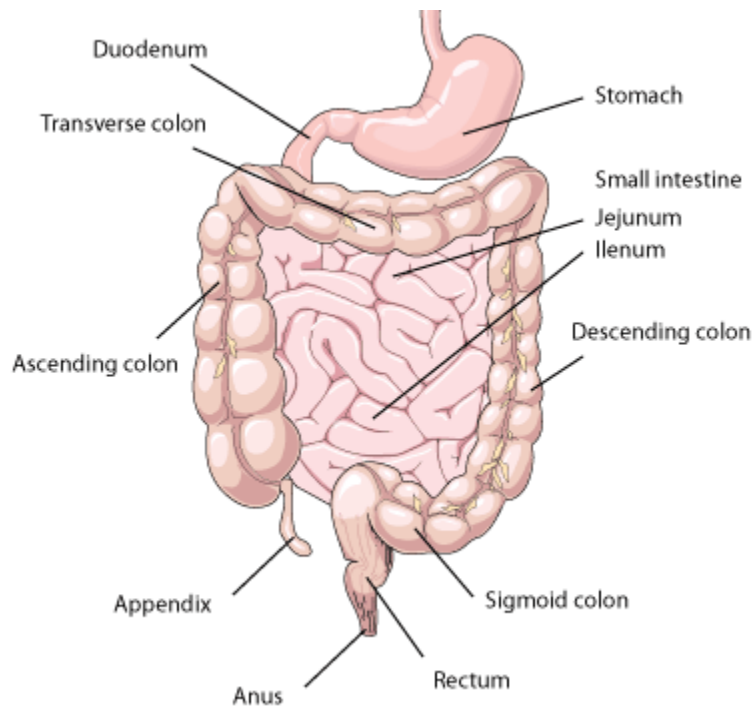
Stomach - Gastric



Stomach Endoscopy

- Video file

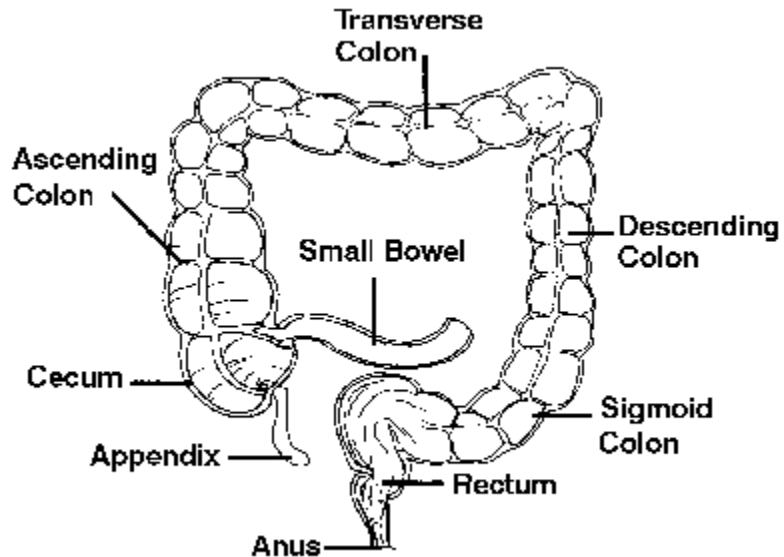
Small Bowel : Small Intestine



- Duodenum
 - Duodenal Bulb
 - 2nd part of duodenum (Upper endoscopy ends here)
 - 3rd part of duodenum
 - 4th part of duodenum
- Jejunum
- Ileum
 - Terminal Ileum (Enter from colonoscopy)

Colon : Large Intestine

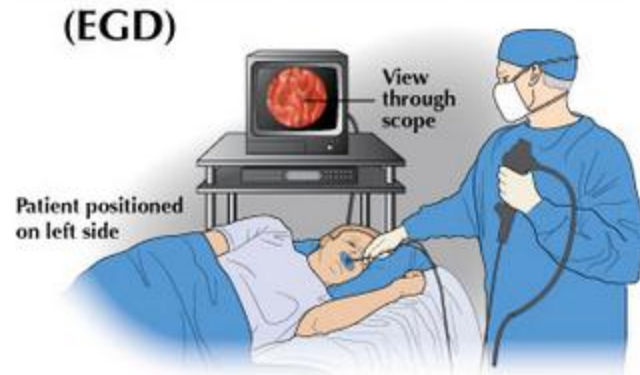
- Endoscopy report using location by distance from anus (cm)



Endoscopic procedure



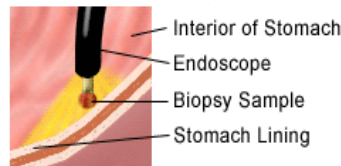
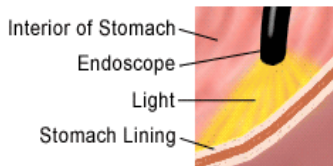
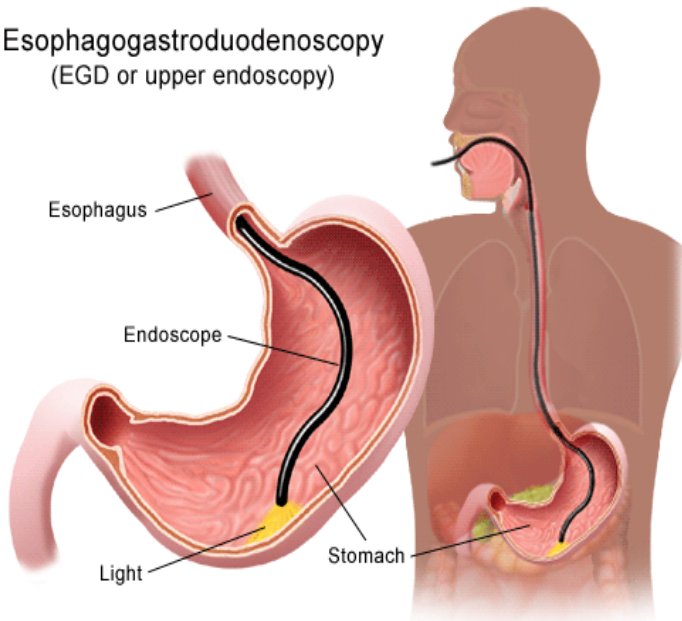
Upper Endoscopy



An EGD examines the esophagus, stomach, and upper duodenum with a small camera (flexible endoscope) which is inserted down the throat.

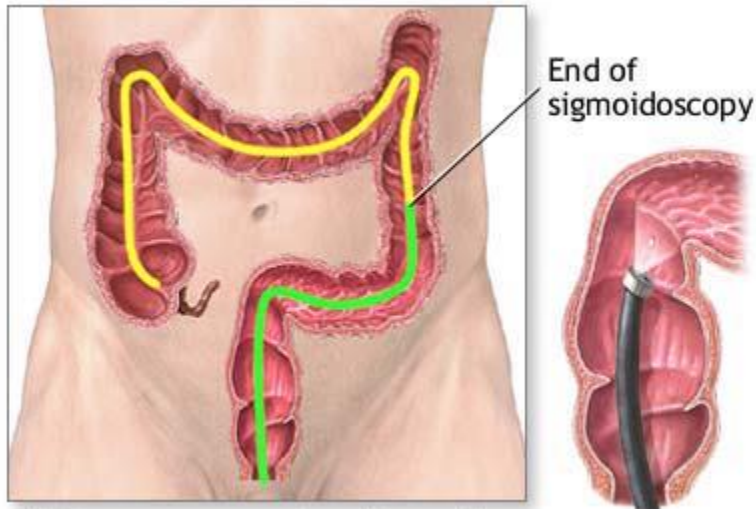
Upper Endoscopy

Esophagogastroduodenoscopy
(EGD or upper endoscopy)



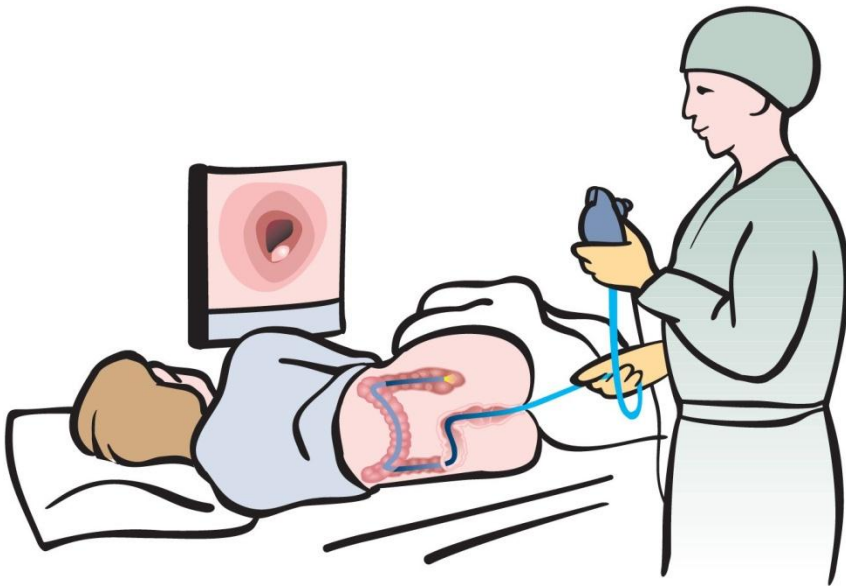
- Esophagoscopy
 - Only view esophagus to LES
- Esophagogastroduodenoscopy
 - Standard procedure
 - Esophagus – stomach – duodenal bulb – 2nd part duodenum
- Push enteroscopy
 - Using pediatric colonoscopy
 - Advance to Jejunum

Flexible Sigmoidoscopy



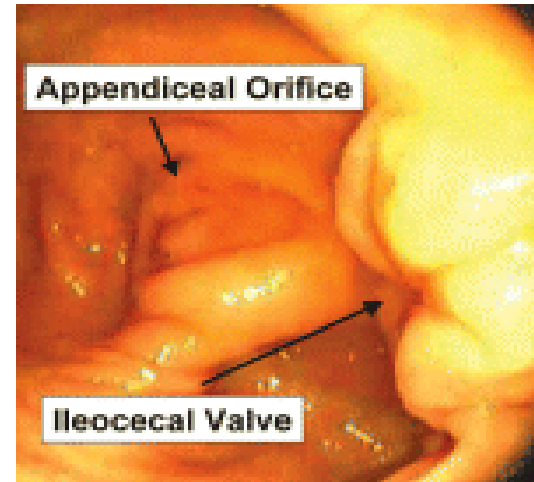
- Using Flexible sigmoidoscope or Upper endoscope
- Advance to **distal** to splenic flexure

Colonoscopy



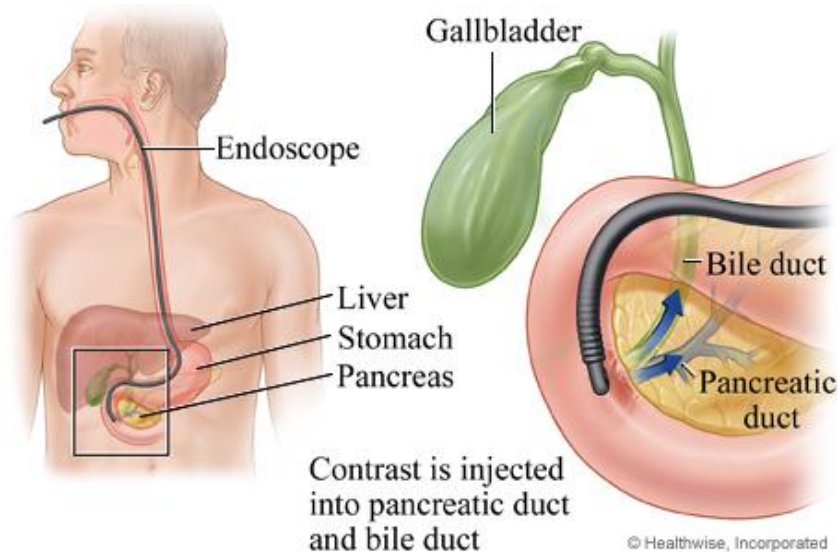
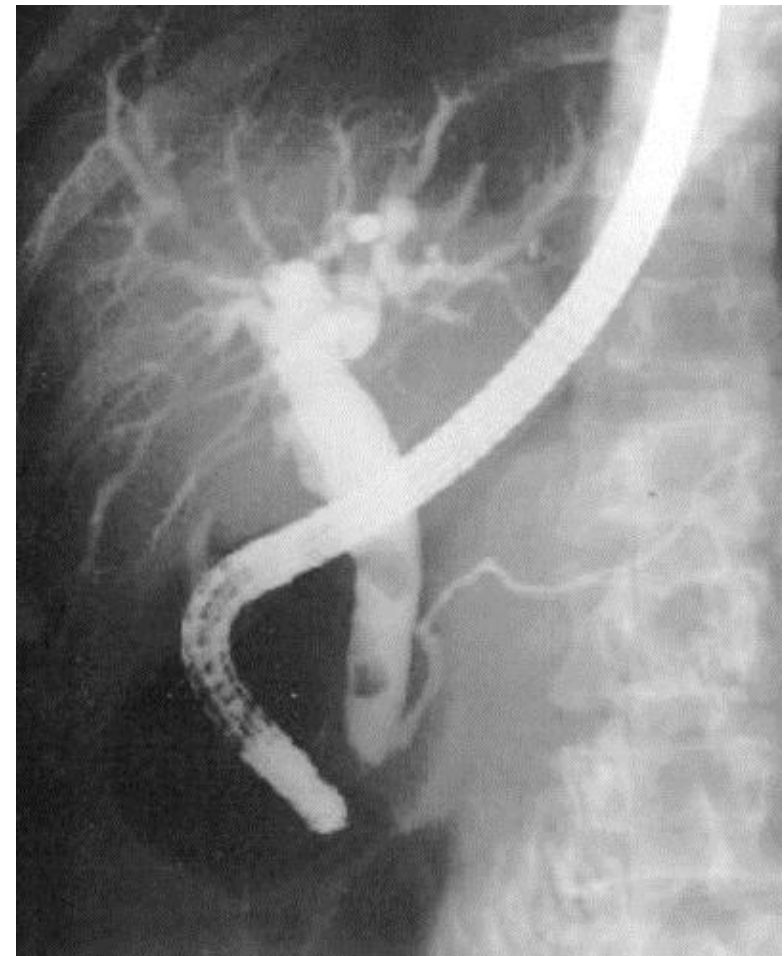
- Using pediatric colonoscope or adult colonoscope
- Advance to **proximal** to splenic flexure
- Goal :
 1. Cecum, identified by appendiceal orifice and/or IC valve (direct visualization, transillumination, palpation)
 2. Terminal Ileum

Goal



Endoscopic retrograde cholangiopancreatography (ERCP)

- Examination of bile duct and pancreatic duct using a side view endoscope.
- Use Fluoroscopy with radiograph interpretation



ERCP

- Diagnostic ERCP
 - Biopsy / Brushing cytology
 - Manometry
- Therapeutic ERCP
 - Endoscopic sphincterotomy
 - Removal / Destruction of stones
 - Insertion of stent – Metal vs Plastic
 - Dilation of strictures

Cholangioscopy

- Mother-Daughter scope
- Spyglass by Boston Scientific

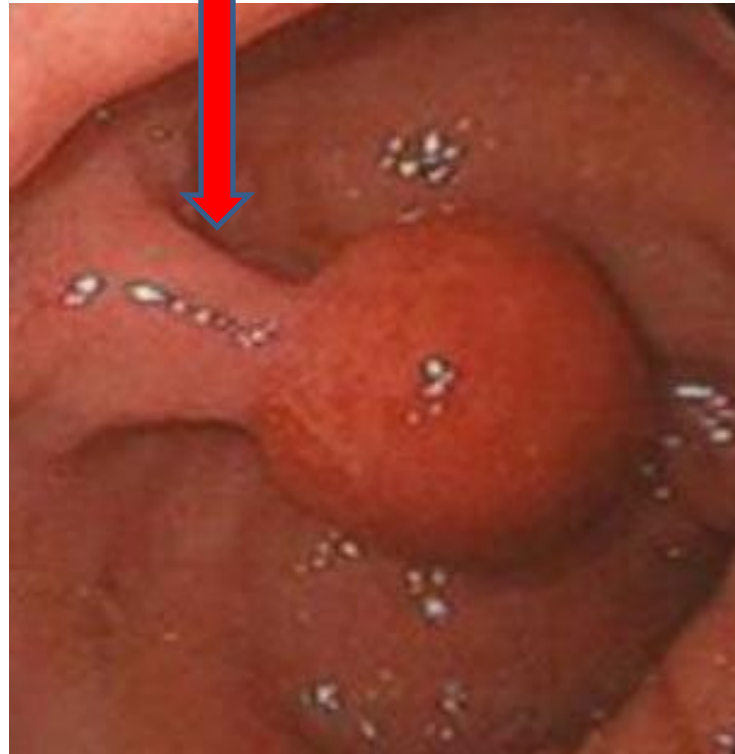


Polyp

- A polyp is an abnormal growth of tissue projecting from a mucous membrane
 - Malignant : cancer, dysplasia
 - Adenomatous :serrated, tubular, villous.
 - Hamartomatous/Juvenile
 - Hyperplastic
 - Inflammatory

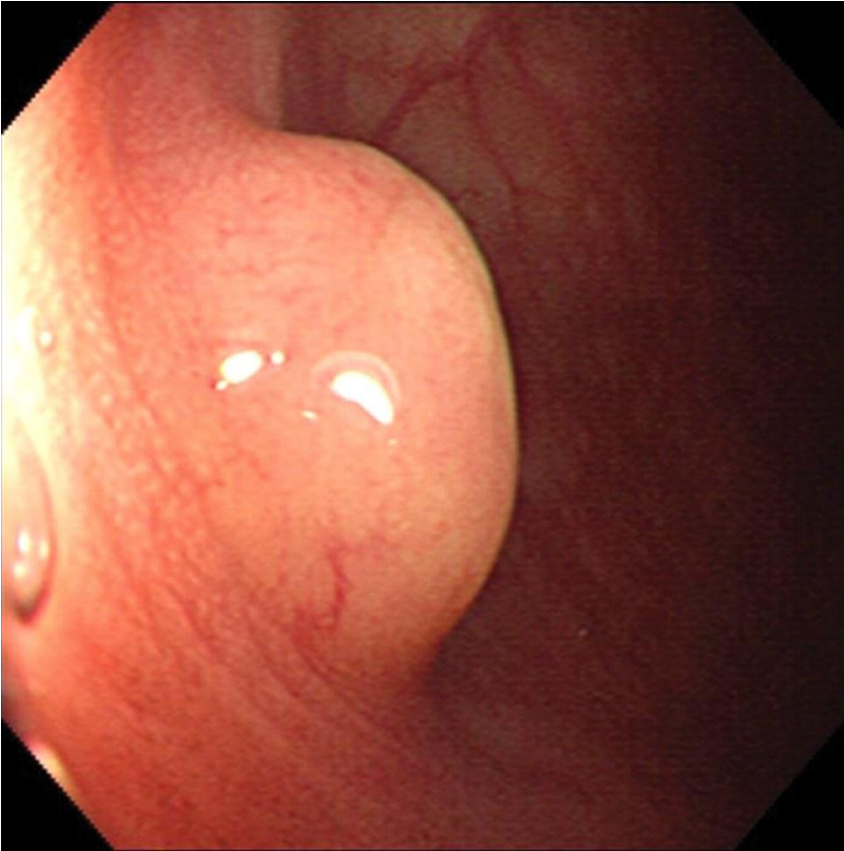
Pedunculated polyp

stalk

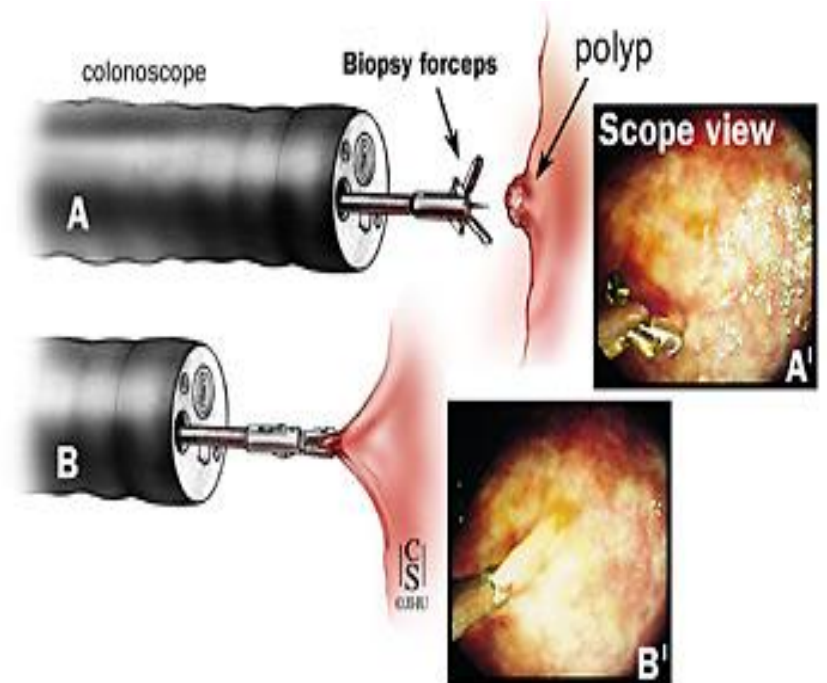


Sessile polyp

- No stalk



Forcep Biopsy



Snare polypectomy



Cauterization



- Burning of part of a body to remove or close off a part of it in a process called cautery
- **Hot** Forceps
- **Hot** snare

Endoscopic Injection



- Sclerosing agent, such as ethanolamine, absolute alcohol, Histoacryl glue (cyanoacrylate)
- Steroid
- Botulinum Toxin
- India Ink for tattoo
- Saline for Lift polypectomy
- epinephrine



Endoscopic hemostasis

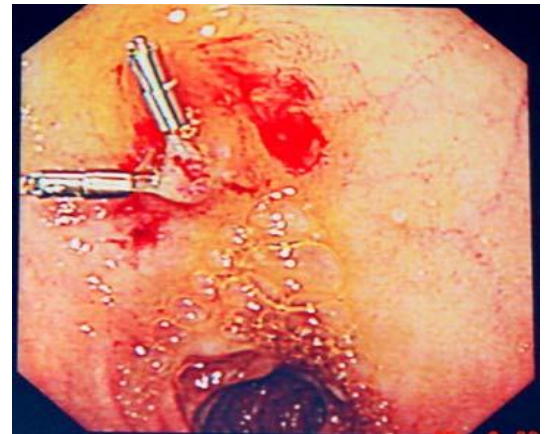
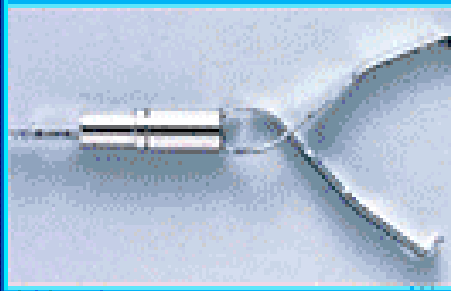
Bipolar Coagulation



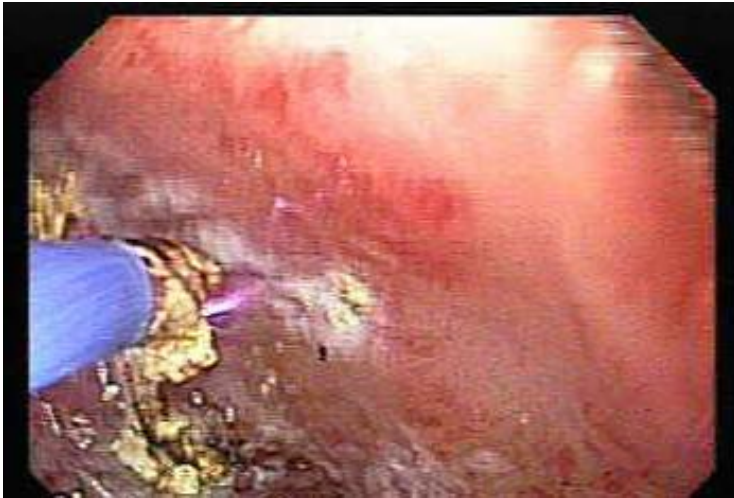
Heater Probe



Endo Clip

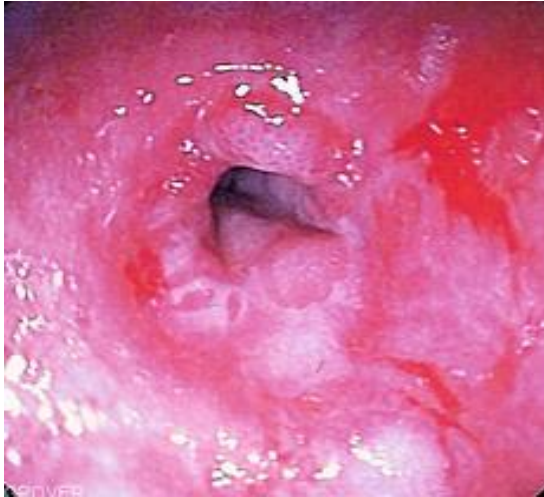


Argon plasma coagulation (APC)

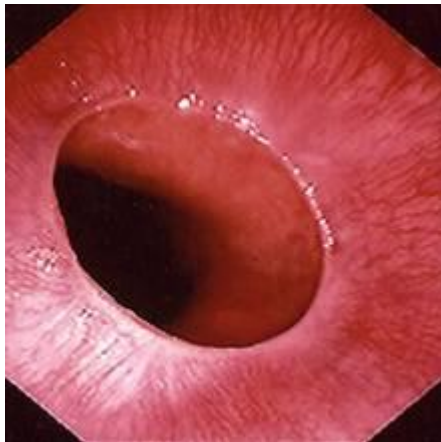


- Use to provide tissue coagulation and hemostasis
- Angiodysplasia, GAVE – gastric antral vascular ectasia, bleeding malignant tumors and bleeding peptic ulcer

Dilation



- **Mercury weighted bougies - Maloney**
- **Bougie over guidewire dilators - Savary-Gilliard***
- **Pneumatic dilatation***
- **Balloon dilatation**



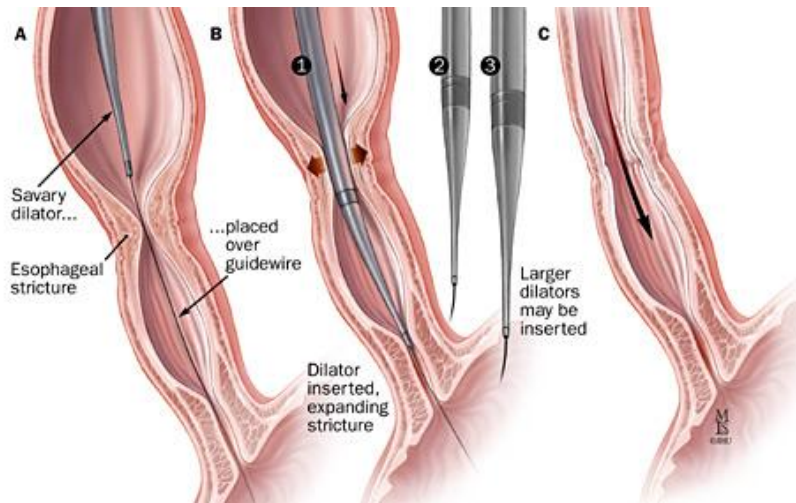
***Fluoroscopy**

Maloney



- blindly inserted bougies placed into the esophagus by the treating physician **or patient**.
- They are passed in sequentially increasing sizes to dilate the obstructed area.

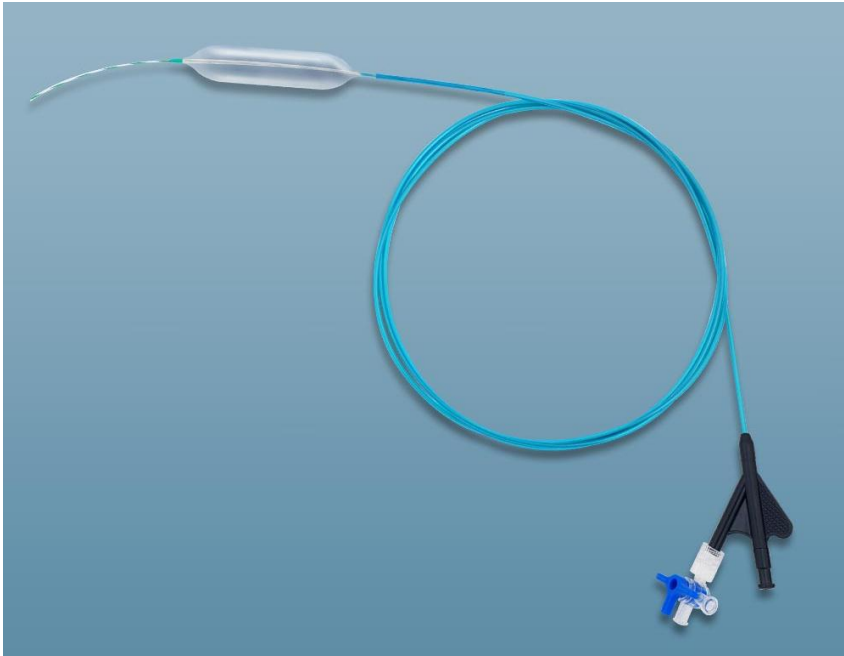
Savary-Gilliard



- Use Guidewire during endoscopy
- Billable for radiographic interpretation



Balloon Dilatation




Endoscopy report and billing

- Dictation system
- Electronic medical record
 - Provation
 - gMed
 - EndoSoft
 - Endoeasy
 - Mediscope

Report : Key subject areas

Patient demographics and history

Assessment of patient risk and comorbidity

Procedure indication(s) 

Procedure: technical description

Colonoscopic findings

Assessment

Interventions/unplanned events

Follow-up plan

Pathology

Provation MD Gastroenterology

- Develop in 2002
- Widely used in hospital and ambulatory surgical center (ASC)
- Automatic coding system

- Exam
- Staff
- Attending Dr. Participation
- Endoscopes**
- Pre-Anesthesia Assessment
- Difficulty/Tolerance
- Patient Profile
- Indication
- Comorbidities
- Medication
- Findings
- Complication
- Estimated Blood Loss**
- Impression
- Recommendation
- Post Op Orders
- Patient Instructions
- Pathology
- Coding
- Images

MRN: 0000000
 Patient Name:
 Birth Date: 1/1
 Exam: Upper G
 Provider: Ham
 Referring MD:
 Requesting Pr
 Indications:
 Comorbidities:
 Patient Profile
 Medications:
 Procedure: Af
 Findings:
 Complications
 Estimated Blo
 Impression:
 Recommendation
 Additional Ima
 CPT® Code(s):
 ICD9 Code(s):
 Post Op Order
 Patient Instruc
 CC Letter to:
 Attending Dr. f

Instrument Search

File Select Edit

Close Select Add Delete Edit

Instrument Name: View: Restricted

Instrument Name	Site	Activated	Specialty
EC 3400 F	UMC Endoscopy Center	Yes	GI
EG-2700 327	UMC Endoscopy Center	Yes	GI
EG-2901 732	UMC Endoscopy Center	Yes	GI
EG-2901 752	UMC Endoscopy Center	Yes	GI
EG-3830T 019	UMC Endoscopy Center	Yes	GI
GF-UM20 514	UMC Endoscopy Center	Yes	GI
GIF-130 004	UMC Endoscopy Center	Yes	GI
GIF-130 988	UMC Endoscopy Center	Yes	GI
GIF-180	UMC Endoscopy Center	Yes	GI
GIF-1T20 202	UMC Endoscopy Center	Yes	GI
GIF-2T10 609	UMC Endoscopy Center	Yes	GI
GIFH180-5768	UMC Endoscopy Center	Yes	GI
GIFH180-5781	UMC Endoscopy Center	Yes	GI
GIF-H180-9654	UMC Endoscopy Center	Yes	GI
GIF-H180-9701	UMC Endoscopy Center	Yes	GI
GIF-H180-9704	UMC Endoscopy Center	Yes	GI
GIF-H180-9707	UMC Endoscopy Center	Yes	GI
GIF-H180-9710	UMC Endoscopy Center	Yes	GI
GIF-H180-9745	UMC Endoscopy Center	Yes	GI
GIFIT140 0765	UMC Endoscopy Center	Yes	GI
GIFITQ160-0557	UMC Endoscopy Center	Yes	GI
GIFQ160	UMC Endoscopy Center	Yes	GI
GIFQ160-7859	UMC Endoscopy Center	Yes	GI

pressure, pulse, and oxygen

Select a Preference:

- Exam
- Staff
- Attending Dr. Participi
- Endoscopes
 - EC 3400 F
 - Orifice - Mouth,
 - Advanced To -
- Pre-Anesthesia Assess
- Difficulty/Tolerance
- Patient Profile
- Indication
- Comorbidities
- Medication
- Findings
- Complication
- Estimated Blood Loss
- Impression
- Recommendation
- Post Op Orders
- Patient Instructions
- Pathology
- Coding
- Images

- ← --Advanced To-- ×
- Aborted procedure ▶
- Esophagus ▶
- Stomach ▶
- Duodenum ▶
- Jejunum ▶

MRN: 0000000
 Patient Name: Test, 2
 Birth Date: 1/1/1998

Exam: Upper GI endoscopy
 Provider: Ariwan Rakvit, MD (Doctor)

Proc. Date: 1/3/2013 11:15:48 AM
 Age: 15

- Bulb
 - Second part
 - Third part
 - Fourth part
 - Jejunum
-
- Area of papilla
 Operative stoma
-
- Small Bowel Enteroscopy--
 --Medical necessity must be documented--
 --in order to support SBE choices--
 --These choices are designed to--
 --generate SBE CPT codes--
- + SBE Choices

...e endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen
 ...usly. The Gastroscope was introduced through the mouth, and advanced to the.

Additional Images:

CPT® Code(s):
ICD9 Code(s):

Post Op Orders:

Patient Instructions:

CC Letter to:

Attending Dr. Participation:

Upper GI endoscopy

Select a Preference: ----Select Preference----

Clear

- Exam
 - Staff
 - Attending I
 - Endoscope
 - EC 34
 - Orific
 - Advan
 - Pre-Anesth
 - Difficulty/T
 - Patient Proc
 - Indication**
 - Comorbidit
 - Medication
 - Findings
 - Complicati
 - Estimated**
 - Impression
 - Recommen
 - Post Op Or
 - Patient Ins
 - Pathology
 - Coding
 - Images
- ← DONE**

 - Diagnostic procedure
 - Therapeutic procedure
 - Surveillance procedure

 - Abdominal distress
 - Abdominal pain**
 - Anemias
 - Dyspepsia
 - Dysphagia
 - Heartburn
 - Odynophagia
 - Reflux

 - Failure to respond to treatment
 - Foreign body
 - Gastrointestinal bleeding

 - Barrett's Esophagus
 - Stenosis
 - Tumor
 - Ulcer
 - Varices (esophagus)
 - Varices (stomach)

 - Capsule Placement
 - PEG / PEG-J
 - Stent

 - Abnormal imaging
 - Assessment
 - Other diseases
 - Other symptoms and signs
 - Family history of gastric cancer
 - Personal history

 - OTHER
 - Add Custom
 - Customs by Site

MRN: 0000000
 Patient Name: Test, 2
 Birth Date: 1/1/1998

Proc. Date: 1/3/2013 11:15:48 AM
 Age: 15

Exam: Upper GI endoscopy
 Provider: Ariwan Rakvit, MD (Doctor)
 Referring MD: Ariwan Rakvit, MD (Referring MD)
 Requesting Provider:

- Epigastric**
- Right upper quadrant
- Left upper quadrant
- Right lower quadrant
- Left lower quadrant
- Periumbilic
- Pelvic
- Lower abdominal
- Upper abdominal
- Generalized
- Unspecified

5 year old patient. Refer to note in patient chart for documentation of history and physical.

Assessment:
 procedure, a History and Physical was performed, and patient medications, allergies and sensitivities have been reviewed. The patient's tolerance of
 thesia has been reviewed.

benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was
 obtained. Physical examination: Mallampati Class II (the uvula but not tonsillar pillars visualized).

- ASA Grade Assessment: III - A patient with severe systemic disease.

After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen
 saturations were monitored continuously. The Gastroscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI
 endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Findings:
Complications:
Estimated Blood Loss:
Impression:
Recommendation:
Additional Images:
CPT® Code(s):
ICD9 Code(s):

Post Op Orders:

Patient Instructions:

CC Letter to:

Attending Dr. Participation:

Select a Preference:

Clear

- Exam
- Staff
- Attending Dr. Participation
- Endoscopes
 - EC 3400 F
 - Orifice - Mouth,
 - Advanced To - Second part of duodenum
- Pre-Anesthesia Ass
- Difficulty/Tolerance
- Patient Profile
- Indication
- Comorbidities
- Medication
- Findings
 - Esophagus -
- Complication
- Estimated Blood Loss
- Impression
- Recommendation
- Post Op Orders
- Patient Instructions
- Pathology
- Coding
- Images

MRN: 0000000 Proc. Date: 1/3/2013 11:15:48 AM
 Patient Name: Test, 2 Age: 15
 Birth Date: 1/1/1998

Exam: Upper GI endoscopy
 Provider: Ariwan Rakvit, MD (Doctor)
 Referring MD: Ariwan Rakvit, MD (Referring MD)
 Requesting Provider:

Gastric abdominal pain
 No comorbidities

This is a 15 year old patient. Refer to note in patient chart for documentation of history and physical.
 propofol per Anesthesia

Anesthesia Assessment:
 Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities have been reviewed. The patient's tolerance of conscious anesthesia has been reviewed.
 The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.

Oral Examination: Mallampati Class II (the uvula but not tonsillar pillars visualized).
 A Grade Assessment: III - A patient with severe systemic disease.

Obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Gastroscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Attending Dr. Participation:

Upper GI endoscopy

Select a Preference: ----Select Preference----

Clear

- Exam
- Staff
- Attending Dr. Participation
- Endoscopes
 - EC 3400 F
 - Orifice - Mouth,
 - Advanced To - Second part of duodenum
- Pre-Anesthesia Assessment
- Difficulty/Tolerance
- Patient Profile
- Indication
- Comorbidities
- Medication
- Findings
 - Esophagus -
 - Stomach -
- Complication
- Estimated Blood
- Impression
- Recommendation
- Post Op Orders
- Patient Instruction
- Pathology
- Coding
- Images

MRN: 0000000

Proc. Date: 1/3/2013 11:15:48 AM

Patient Name: Test, 2

Age: 15

Birth Date: 1/1/1998

Exam: Upper GI endoscopy
Provider: Ariwan Rakvit, MD (Doctor)
Referring MD: Ariwan Rakvit, MD (Referring MD)
Requesting Provider:
Indications: Epigastric abdominal pain
Comorbidities: No comorbidities

Patient Profile: This is a 15 year old patient. Refer to note in patient chart for documentation of history and physical.

Medications: Propofol per Anesthesia

Pre-Anesthesia Assessment:

- Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities have been reviewed. The patient's tolerance of previous anesthesia has been reviewed.
- The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
- Airway Examination: Mallampati Class II (the uvula but not tonsillar pillars visualized).
- ASA Grade Assessment: III - A patient with severe systemic disease.

After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Gastroscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

The examined esophagus was normal.

- ← Normal
- No gross lesions
- Blood
- Erosion
- Erythematous (Hyperemic)
- Gastritis (Inflammation)
- Gastrostomy
- Hiatus hernia, Simple
- Hiatus hernia, Detailed
- Not examined
- Polyp(s)
- Suspect Gastroparesis
- Ulcer, Simple
- Varices
- Lumen
- Contents
- Mucosa
- Flat Lesions
- Protruding Lesions
- Excavated Lesions
- Retroflexion/Normal
- Stomach Otherwise Normal
- Stomach Otherwise NI / Careful Exam
- Pertinent Negatives
- Pertinent Negatives w / Maneuvers
- Stomach Not Examined
- Add Custom
- Customs by Site

- ations:
- id Blood Loss:
- on:
- endation:
- al Images:
- de(s):
- le(s):

Orders:

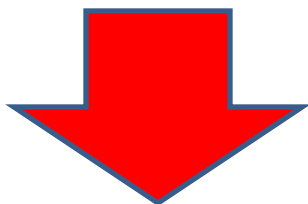
Instructions:

to:

g Dr. Participation:

CPT/HCPCS Codes

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple



22 52 59 26 50 RT PT
 51 53 74 TC GC LT 33



ICD Codes

Abnormal Mucosa

537.9 Unspecified disorder of stomach and duodenum

Epigastric abdominal pain

789.06 Abdominal pain, epigastric



Diagnoses described as 'suspicious', 'doubtful', 'exclusion of', or 'possible' are not to be reported for outpatient billing.



CPT/ICD codes generated here are intended as suggestions and were generated based on input data. The physician is responsible for the final selection and proper appending of CPT/ICD code(s) and modifiers.

CPT/HCPCS Codes

43239	Upper gastrointestinal endoscopy
-------	----------------------------------

- 22 52 59 26 50 RT PT
 51 53 74 TC GC LT 33

ICD Codes

Abnormal Mucosa		
<input checked="" type="checkbox"/>	537.9	Unspecified disorder of stom
Epigastric abdominal pain		
<input checked="" type="checkbox"/>	789.06	Abdominal pain, epigastric

Coding Search

Select Code Type:

Enter Search Criteria:

43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagu
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and eit

Full Description:

Endoscopy, wrist, surgical, with release of transverse carpal ligament



Diagnoses described as 'suspicious', 'doubtful', 'exclusion of', or 'po

Select a Preference:

- Exam
- Staff
- Attending Dr. Participation
- Endoscopes
 - EC 3400 F
 - Orifice - Mouth,
 - Advanced To - Second part of duodenum
- Pre-Anesthesia Assessment
- Difficulty/Tolerance
- Patient Profile
- Indication
- Comorbidities
- Medication
- Findings
- Complication
- Estimated Blood Loss
- Impression
- Recommendation
- Post Op Orders
- Patient Instructions
- Pathology
- Coding
- Images

Exam: Upper GI endoscopy
Provider: Ariwan Rakvit, MD (Doctor)
Referring MD: Ariwan Rakvit, MD (Referring MD)
Requesting Provider:
Indications: Epigastric abdominal pain
Comorbidities: No comorbidities

Patient Profile: This is a 15 year old patient. Refer to note in patient chart for documentation of history and physical.

Medications: Propofol per Anesthesia

Procedure: Pre-Anesthesia Assessment:

- Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities have been reviewed. The patient's tolerance of previous anesthesia has been reviewed.
 - The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
 - Airway Examination: Mallampati Class II (the uvula but not tonsillar pillars visualized).
 - ASA Grade Assessment: III - A patient with severe systemic disease.
- After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Gastroscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Findings:

- The examined esophagus was normal.
- Diffuse moderately erythematous mucosa with no bleeding was found in the entire examined stomach. Biopsies were taken with a cold forceps for histology. Biopsies were taken with a cold forceps for Helicobacter pylori testing.
- The examined duodenum was normal.

Complications: No immediate complications. Estimated blood loss: Minimal.

Estimated Blood Loss: Estimated blood loss was minimal.

Impression:

- Normal esophagus.
- Gastric mucosal abnormality in the stomach characterized by erythema. This was biopsied.
- Normal examined duodenum.

Recommendation:

- Await pathology results.
- Discharge patient to home (via wheelchair).
- Return to GI clinic in 2 weeks.

Additional Images: **1**

CPT® Code(s): --- Professional ---

- 29848, Endoscopy, wrist, surgical, with release of transverse carpal ligament
- 43239, Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple

ICD9 Code(s): --- Professional ---

- 789.06, Abdominal pain, epigastric
- 537.9, Unspecified disorder of stomach and duodenum

Other details

Bowel preparation quality: percent adequate to detect polyps > 5 mm

Cecal intubation rate

Rate of photodocumentation of cecal landmarks

Mean colonoscopic withdrawal time in patients without polypectomy or biopsy

Adenoma detection rate in first-time screening examination based on patient's sex

Adverse or unplanned events occurring within 24 h of colonoscopy

Rates of

- Hospitalization

- Bleeding, requiring transfusion

- Bleeding, requiring unplanned endoscopic intervention

- Perforation

- Surgery

Rate of documentation of recommendations for follow-up

GI endoscopy coding guide

- Current Procedural Terminology (CPT) code set is maintained by the American Medical Association through the CPT Editorial Panel.
- International Classification of Diseases :
ICD-9 / ICD-10

CPT code

- Current Procedural Terminology code is a registered trademark of the American Medical Association.
- The AMA holds the copyright for the CPT coding system.
- Despite the copyrighted nature of the CPT code sets, the use of the code is mandated by almost all health insurance payment and information systems, including the Centers for Medicare and Medicaid Services (CMS) and HIPAA
- As a result, it is necessary for most users of the CPT code to pay license fees for access to the code

ICD

- The International Classification of Diseases (ICD) is published by the World Health Organization (WHO)
- It is known as a health care classification system that provides codes to classify diseases.
- It is used in several aspect of health care, including reimbursement.

<i>Procedure</i>	<i>Esophagus</i>	<i>EGD</i>	<i>ERCP</i>	<i>Sm. Int.</i> (Distal duodenum and jejunum; non-ileum)	<i>Sm. Int.</i> (Distal duodenum and jejunum; include ileum)	<i>Stoma</i> (Colon)	<i>Stoma</i> (Ileum)	<i>Flex. Sig.</i>	<i>Colon</i>
Description	Code								
Diagnostic, w/ or w/out brushing or washing	43200	43235	43260	44360	44376	44388	44380	45330	45378
Biopsy single or multiple	43202	43239	43261	44361	44377	44389	44382	45331	45380
Removal of foreign body	43215	43247	43269	44363		44390		45332	45379
Removal of tumor(s)/lesion(s) by hot bx forceps/cautery	43216	43250		44365		44392		45333	45384
Removal of tumor(s), or other lesion(s) by snare technique	43217	43251		44364		44394		45338	45385
Ablation of tumor(s), or other lesion(s) not amenable to other removal techniques	43228	43258	43272	44369		44393		45339	45383
Control of bleeding any method (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	43227	43255		44366		44391		45334	45382
Dilation of gastric outlet for obstruction (e.g., balloon, guide wire, bougie)		43245							
Insertion of guide wire followed by dilation over guide wire	43226	43248							
Balloon dilation (less than 30 mm diameter)	43220	43249							
Balloon dilation of ampulla, biliary and/or pancreatic duct(s)			43271						
Balloon dilation, 1 or more strictures								45340	45386
Transendoscopic stent placement (includes predilation)	43219	43256		44370	44379	44397	44383	45345	45387
Retrograde insertion of tube or stent into bile or pancreatic duct			43268						
Percutaneous gastrostomy tube placement		43246							
Conversion of gastrostomy tube to percutaneous jejunostomy tube				44373					

<i>Procedure</i>	<i>Esophagus</i>	<i>EGD</i>	<i>ERCP</i>	<i>Sm. Int.</i> (Distal duodenum and jejunum; non-ileum)	<i>Sm. Int.</i> (Distal duodenum and jejunum; include ileum)	<i>Stoma</i> (Colon)	<i>Stoma</i> (Ileum)	<i>Flex. Sig.</i>	<i>Colon</i>
Description	Code								
Directed submucosal injection(s), any substance	43201	43236						45335	45381
Directed injection sclerosis of varices	43204	43243							
Band ligation of varices	43205	43244							
Endoscopic ultrasound exam (limited to the esophagus)		43237							
Endoscopic ultrasound exam	43231	43259						45341	45391
Transendoscopic ultrasound-guided intramural fine needle aspiration/biopsy(s); esophagus		43238							
Transendoscopic ultrasound-guided intramural fine needle aspiration/biopsy(s)	43232	43242						45342	45392
Transmural drainage of pseudocyst		43240							
Sphincterotomy/papillotomy			43262						
Pressure measurement of sphincter of Oddi			43263						
Retrograde removal of stone from biliary and/or pancreatic ducts			43264						
Retrograde destruction, lithotripsy of stone, any method			43265						
Transendoscopic intraluminal tube or catheter placement		43241							
Retrograde insertion of nasobiliary or nasopancreatic drainage tube			43267						

ESOPHAGOSCOPY

		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT* Code	Procedure Description	ASC Facility Fee (National Medicare Avg) ¹	APC	Facility Fee Schedule (National Medicare Avg) ²	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure is Performed in Office (National Medicare Avg) ³
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$341.11	0141	\$591.21	\$106.88	\$222.27
43201	...with directed submucosal injection(s), any substance	\$510.84	0419	\$885.37	\$130.70	\$315.53
43202	...with biopsy, single or multiple	\$341.11	0141	\$591.21	\$117.77	\$292.72
43204	...with injection sclerosis of esophageal varices	\$341.11	0141	\$591.21	\$223.63	N/A*
43205	...with band ligation of esophageal varices	\$510.84	0419	\$885.37	\$228.39	N/A*
43215	...with removal of foreign body	\$510.84	0419	\$885.37	\$157.59	N/A*
43216	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$1,047.74	0422	\$1,815.91	\$147.04	\$217.84
43217	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$510.84	0419	\$885.37	\$173.93	\$390.41
43219	...with insertion of plastic tube or stent	\$1,179.60	0384	\$2,044.46	\$174.61	N/A*
43220	...with balloon dilation (less than 30 mm diameter)	\$510.84	0419	\$885.37	\$129.34	N/A*
43226	...with insertion of guide wire followed by dilation over guide wire	\$510.84	0419	\$885.37	\$143.98	N/A*
43227	...with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$510.84	0419	\$885.37	\$214.78	N/A*
43228	...with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$1,047.74	0422	\$1,815.91	\$227.03	N/A*
43231	...with endoscopic ultrasound examination	\$510.84	0419	\$885.37	\$194.01	N/A*
43232	...with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$510.84	0419	\$885.37	\$265.15	N/A*

UPPER GASTROINTESTINAL ENDOSCOPY

CPT Code	Procedure Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		ASC Facility Fee (National Medicare Avg) ¹	APC	Facility Fee Schedule (National Medicare Avg) ²	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure is Performed in Office (National Medicare Avg) ³	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$341.11	0141	\$591.21	\$148.06	\$304.64	
43236	...with directed submucosal injection(s), any substance	\$341.11	0141	\$591.21	\$178.36	\$387.35	
43237	...with endoscopic ultrasound examination limited to the esophagus	\$510.84	0419	\$885.37	\$238.26	N/A*	
43238	...with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	\$510.84	0419	\$885.37	\$297.49	N/A*	
43239	...with biopsy, single or multiple	\$341.11	0141	\$591.21	\$174.61	\$351.61	
43240	...with transmural drainage of pseudocyst	\$510.84	0419	\$885.37	\$403.01	N/A*	
43241	...with transendoscopic intraluminal tube or catheter placement	\$341.11	0141	\$591.21	\$158.62	N/A*	
43242	...with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)	\$510.84	0419	\$885.37	\$429.89	N/A*	
43243	...with injection sclerosis of esophageal and/or gastric varices	\$341.11	0141	\$591.21	\$271.62	N/A*	
43244	...with band ligation of esophageal and/or gastric varices	\$510.84	0419	\$885.37	\$299.87	N/A*	

**UPPER GASTROINTESTINAL
ENDOSCOPY (cont.)**

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		ASC Facility Fee (National Medicare Avg) ¹	APC	Facility Fee Schedule (National Medicare Avg) ²	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure is Performed in Office (National Medicare Avg) ³
43245	...with dilation of gastric outlet for obstruction (e.g., balloon, guide wire, bougie)	\$510.84	0419	\$885.37	\$191.29	N/A*
43246	...with directed placement of percutaneous gastrostomy tube	\$510.84	0419	\$885.37	\$255.96	N/A*
43247	...with removal of foreign body	\$341.11	0141	\$591.21	\$203.89	N/A*
43248	...with insertion of guide wire followed by dilation of esophagus over guide wire	\$341.11	0141	\$591.21	\$191.63	N/A*
43249	...with balloon dilation of esophagus (less than 30 mm diameter)	\$510.84	0419	\$885.37	\$176.66	N/A*
43250	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$510.84	0419	\$885.37	\$192.31	N/A*
43251	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$510.84	0419	\$885.37	\$221.93	N/A*
43255	...with control of bleeding, any method	\$510.84	0419	\$885.37	\$286.94	N/A*
43256	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$258.35	N/A*
43258	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$510.84	0419	\$885.37	\$271.28	N/A*
43259	...with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	\$510.84	0419	\$885.37	\$308.38	N/A*

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

Ambulatory
Surgery Center

Outpatient Hospital

Physician Services

CPT Code	Procedure Description	ASC Facility Fee	APC	Facility Fee	Fee When	Fee When
		(National Medicare Avg) ¹		(National Medicare Avg) ²	Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Procedure is Performed in Office (National Medicare Avg) ⁴
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$997.00	0151	\$1,727.97	\$351.95	N/A*
43261	...with biopsy, single or multiple	\$997.00	0151	\$1,727.97	\$369.65	N/A*
43262	...with sphincterotomy/papillotomy	\$997.00	0151	\$1,727.97	\$434.32	N/A*
43263	...with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	\$997.00	0151	\$1,727.97	\$428.87	N/A*
43264	...with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	\$997.00	0151	\$1,727.97	\$521.12	N/A*
43265	...with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	\$997.00	0151	\$1,727.97	\$584.43	N/A*
43267	...with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	\$997.00	0151	\$1,727.97	\$432.62	N/A*
43268	...with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	\$1,179.60	0384	\$2,044.46	\$440.45	N/A*
43269	...with endoscopic retrograde removal of foreign body and/or change of tube or stent	\$1,179.60	0384	\$2,044.46	\$481.29	N/A*
43271	...with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	\$997.00	0151	\$1,727.97	\$433.98	N/A*
43272	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$997.00	0151	\$1,727.97	\$434.32	N/A*

SMALL INTESTINE ENDOSCOPY

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT Code	Procedure Description	ASC Facility Fee (National Medicare Avg) [†]	APC	Facility Fee Schedule (National Medicare Avg) [†]	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg) [†]	Fee When Procedure is Performed in Office (National Medicare Avg) [†]
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$417.52	0142	\$723.63	\$159.98	N/A*
44361	...with biopsy, single or multiple	\$417.52	0142	\$723.63	\$175.97	N/A*
44363	...with removal of foreign body	\$417.52	0142	\$723.63	\$210.35	N/A*
44364	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$637.49	0424	\$1,104.87	\$224.65	N/A*
44365	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$637.49	0424	\$1,104.87	\$201.16	N/A*
44366	...with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$637.49	0424	\$1,104.87	\$263.79	N/A*
44369	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$637.49	0424	\$1,104.87	\$269.92	N/A*
44370	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$291.02	N/A*
44373	...with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	\$637.49	0424	\$1,104.87	\$209.33	N/A*
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$417.52	0142	\$723.63	\$308.72	N/A*
44377	...with biopsy, single or multiple	\$417.52	0142	\$723.63	\$326.42	N/A*
44379	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$445.21	N/A*

STOMA (COLON)

Ambulatory
Surgery Center

Outpatient Hospital

Physician Services

CPT Code	Procedure Description	ASC Facility Fee	APC	Facility Fee	Fee When	Fee When
		(National Medicare Avg) ¹		(National Medicare Avg) ²	Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Procedure is Performed in Office (National Medicare Avg) ³
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$378.10	0143	\$655.31	\$168.83	\$360.80
44389	...with biopsy, single or multiple	\$378.10	0143	\$655.31	\$188.23	\$410.15
44390	...with removal of foreign body	\$378.10	0143	\$655.31	\$221.58	\$461.21
44391	...with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$378.10	0143	\$655.31	\$254.94	\$517.71
44392	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$378.10	0143	\$655.31	\$222.95	\$452.36
44393	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$378.10	0143	\$655.31	\$282.17	\$519.41
44394	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$378.10	0143	\$655.31	\$260.05	\$514.31
44397	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$279.79	N/A*

STOMA (ILEUM)

44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$417.52	0142	\$723.63	\$69.44	N/A*
44382	...with biopsy, single or multiple	\$417.52	0142	\$723.63	\$83.73	N/A*
44383	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$167.12	N/A*

FLEXIBLE SIGMOIDOSCOPY

*Ambulatory
Surgery Center*

Outpatient Hospital

Physician Services

CPT Code	Procedure Description	ASC Facility Fee	APC	Facility Fee Schedule	Fee When Procedure is Performed in Hospital or ASC	Fee When Procedure is Performed in Office
		(National Medicare Avg) ¹		(National Medicare Avg) ²	(National Medicare Avg) ²	(National Medicare Avg) ²
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$105.52	0146	\$435.79	\$64.33	\$142.96
45331	...with biopsy, single or multiple	\$251.44	0146	\$435.79	\$77.27	\$171.21
45332	...with removal of foreign body	\$251.44	0146	\$435.79	\$113.00	\$299.87
45333	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$251.44	0146	\$435.79	\$111.98	\$303.96
45334	...with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$447.03	0147	\$774.78	\$166.44	N/A*
45335	...with directed submucosal injection(s), any substance	\$251.44	0146	\$435.79	\$93.94	\$277.07
45338	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$251.44	0146	\$435.79	\$144.32	\$328.46
45339	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$447.03	0147	\$774.78	\$189.25	\$347.86
45340	...with dilation by balloon, 1 or more strictures	\$447.03	0147	\$774.78	\$118.11	\$493.20
45341	...with endoscopic ultrasound examination	\$251.44	0146	\$435.79	\$159.30	N/A*
45342	...with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$447.03	0147	\$774.78	\$243.37	N/A*
45345	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$176.66	N/A*

FLEXIBLE COLONOSCOPY


Ambulatory
Surgery Center

Outpatient Hospital

Physician Services

CPT Code	Procedure Description	ASC Facility Fee	APC	Facility Fee	Fee When	Fee When
		(National Medicare Avg) ¹		(National Medicare Avg) ²	Procedure is Performed in Hospital or ASC (National Medicare Avg) ³	Procedure is Performed in Office (National Medicare Avg) ³
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	\$378.10	0143	\$655.31	\$220.56	\$402.66
45379	...with removal of foreign body	\$378.10	0143	\$655.31	\$275.70	\$514.65
45380	...with biopsy, single or multiple	\$378.10	0143	\$655.31	\$263.79	\$480.61
45381	...with directed submucosal injection(s), any substance	\$378.10	0143	\$655.31	\$250.18	\$479.25
45382	...with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$378.10	0143	\$655.31	\$335.95	\$627.65
45383	...with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$378.10	0143	\$655.31	\$341.06	\$578.98
45384	...with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$378.10	0143	\$655.31	\$275.02	\$476.87
45385	...with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$378.10	0143	\$655.31	\$312.81	\$540.86
45386	...with dilation by balloon, 1 or more strictures	\$378.10	0143	\$655.31	\$270.26	\$688.58
45387	...with transendoscopic stent placement (includes predilation)	\$1,179.60	0384	\$2,044.46	\$350.59	NA*
45391	...with endoscopic ultrasound examination	\$378.10	0143	\$655.31	\$299.87	NA*
45392	...with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$378.10	0143	\$655.31	\$385.99	NA*

Approved ICD-9 : Indication - EGD

008.5	Bacterial enteritis, unspecified
112.84	Candidal esophagitis
146.0-146.9	Malignant neoplasm of the oropharynx
150.0-150.9	Malignant neoplasm of esophagus
151.0-151.9	Malignant neoplasm of stomach
152.0	Malignant neoplasm of duodenum
197.4	Secondary malignant neoplasm of small intestine, including duodenum
198.89	Secondary malignant neoplasm of other specified sites
211.0-211.2	Benign neoplasm of esophagus, stomach, duodenum, jejunum and ileum
230.0-230.2	Carcinoma in situ of esophagus and stomach
230.7	Carcinoma in situ of other and unspecified parts of intestine
235.2	Neoplasms of uncertain behavior, stomach, intestines, rectum
235.5	Neoplasms of uncertain behavior, other and unspecified digestive organs
261	Nutritional marasmus (for G tube placement)
262	Other severe, protein-calorie malnutrition
263.9	Other and unspecified protein-calorie malnutrition (for G tube placement)
280.0-280.9	Iron deficiency anemias 
300.11	Hysteria, conversion disorder
306.4	Physiological malfunction arising from mental factors, gastrointestinal
307.1	Anorexia nervosa

307.1	Anorexia nervosa
438.82	Late effects of cerebrovascular disease, dysphagia
456.0-456.21	Esophageal varices
456.8	Varices of other sites
530.0-530.9	Diseases of the esophagus
531.00-531.91	Gastric ulcer
532.00-532.91	Duodenal ulcer
533.00-533.91	Peptic ulcer, site unspecified
534.00-534.91	Gastrojejunal ulcer
535.00-535.61	Gastritis and duodenitis
536.0-536.9	Disorders of function of stomach
537.0-537.9	Other disorders of stomach and duodenum
553.3	Diaphragmatic hernia
555.0-555.9	Regional enteritis
556.0-556.1	Ulcerative chronic enterocolitis and ileocolitis
557.0-557.9	Vascular insufficiency of the intestine
562.00-562.03	Diverticulitis of small intestine

564.2-564.4	Postoperative digestive disorders
571.2-571.5	Cirrhosis of liver
572.3	Portal hypertension
578.0-578.9	Gastrointestinal hemorrhage
579.0-579.9	Intestinal malabsorption
747.20	Aorto-enteric fistula
750.3	Tracheoesophageal fistula, esophageal atresia and stenosis
783.0	Anorexia
783.21	Loss of weight
783.22	Underweight
783.3	Feeding difficulties and mismanagement in the elderly
786.50	Chest pain, unspecified
786.59	Chest pain, other
787.01-787.03	Nausea and vomiting
787.1	Heartburn
787.2	Dysphagia
789.01	Abdominal pain, right upper quadrant

Colonoscopy

153	Malignant neoplasm of colon
153.0	Malignant neoplasm of colon; Hepatic flexure
153.1	Malignant neoplasm of colon; Transverse colon
153.2	Malignant neoplasm of colon; Descending colon
153.3	Malignant neoplasm of colon; Sigmoid colon
153.4	Malignant neoplasm of colon; Cecum
153.5	Malignant neoplasm of colon; Appendix
153.6	Malignant neoplasm of colon; Ascending colon
153.7	Malignant neoplasm of colon; Splenic flexure
153.8	Malignant neoplasm of colon; Other specified sites of large intestine
153.9	Malignant neoplasm of colon; Colon, unspecified
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus
154.1	Malignant neoplasm of rectum, rectosigmoid junction, and anus; Rectum
154.8	Malignant neoplasm of rectum, rectosigmoid junction, and anus; Other
197.5	Secondary malignant neoplasm of respiratory and digestive systems; Large intestine and rectum
209.10	Malignant carcinoid tumors of the appendix, large intestine, and rectum
209.11	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Appendix
209.12	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Cecum
209.13	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Ascending colon
209.14	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Transverse colon
209.15	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Descending colon
209.16	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Sigmoid colon
209.17	Malignant carcinoid tumors of the appendix, large intestine, and rectum; Rectum
209.50	Benign carcinoid tumors of the large intestine, unspecified portion
209.51	Benign carcinoid tumors of the large intestine, Appendix
209.52	Benign carcinoid tumors of the large intestine, Cecum
209.53	Benign carcinoid tumors of the large intestine, Ascending colon
209.54	Benign carcinoid tumors of the large intestine, Transverse colon
209.55	Benign carcinoid tumors of the large intestine, Descending colon
209.56	Benign carcinoid tumors of the large intestine, Sigmoid colon
209.57	Benign carcinoid tumors of the large intestine, Rectum
211.1	Benign neoplasm of other parts of the digestive system; Stomach
211.3	Benign neoplasm of other parts of the digestive system; Colon
230.3	Carcinoma in-situ of digestive organs; Colon
230.4	Carcinoma in situ of digestive organs; Rectum
235.2	Neoplasm of uncertain behavior of digestive and respiratory systems; Stomach, intestines, and rectum

239.0	Neoplasm of unspecified nature; Digestive system
276.7	Disorders of fluid, electrolyte, and acid-base balance; Hyperpotassemia
280.9	Iron deficiency anemias; Iron deficiency anemia; unspecified
285.21	Other and unspecified anemias; Anemia of chronic disease; Anemia in chronic kidney disease
285.9	Other and unspecified anemias; Anemia, unspecified
428.9	Heart failure; unspecified
455.0	Hemorrhoids; Internal hemorrhoids without mention of complication
455.3	Hemorrhoids; External hemorrhoids without mention of complication
538	Gastrointestinal mucositis (ulcerative)
555.9	Regional enteritis: Unspecified site (Crohn's Disease)
556.2	Ulcerative colitis; Ulcerative (chronic) proctitis
556.5	Ulcerative colitis; Left sided ulcerative (chronic) colitis
556.6	Ulcerative colitis; Universal ulcerative (chronic) colitis
556.9	Ulcerative colitis; Ulcerative colitis, unspecified
557.0	Vascular insufficiency of intestine; Acute vascular insufficiency of the intestine
557.1	Vascular insufficiency of intestine; Chronic vascular insufficiency of intestine
557.9	Vascular insufficiency of intestine; Unspecified vascular insufficiency of intestine
558.4	Other and unspecified noninfectious gastroenteritis and colitis; Eosinophilic gastroenteritis and colitis
558.42	Other and unspecified noninfectious gastroenteritis and colitis; Eosinophilic gastroenteritis and colitis; Eosinophilic colitis
560.2	Intestinal obstruction without mention of hernia; Volvulus
560.39	Intestinal obstruction without mention of hernia; Impaction of intestine; Other
560.89	Intestinal obstruction without mention of hernia; Other specified intestinal obstruction; Other
560.9	Intestinal obstruction without mention of hernia; Unspecified intestinal obstruction
562.10	Diverticula of intestine; Colon; Diverticulosis of colon (without mention of hemorrhage)
562.11	Diverticula of intestine; Colon; Diverticulitis of colon (without mention of hemorrhage)
564.0	Functional digestive disorders, not elsewhere classified; Constipation
564.1	Functional digestive disorders, not elsewhere classified; Irritable bowel syndrome
564.5	Functional digestive disorders, not elsewhere classified; Functional diarrhea
564.89	Functional digestive disorders, not elsewhere classified; Other functional disorders of the intestine
565.0	Anal fissure and fistula; Anal fissure
566	Abcess of anal and rectal regions
568.0	Other disorders of peritoneum; Peritoneal adhesions (postoperative) (postinfection)
569.0	Other disorders of intestine; Anal and rectal polyp
569.2	Other disorders of intestine; Stenosis of rectum and anus
569.3	Other disorders of intestine; Hemorrhage of rectum and anus
569.42	Other disorders of intestine; Other specified disorders of rectum and anus; Anal or rectal pain

569.49	Other disorders of intestine; Other specified disorders of rectum and anus; Other
569.84	Other disorders of intestine; Other specified disorders of intestine; Angiodysplasia of intestine (without mention of hemorrhage)
569.85	Other disorders of intestine; Other specified disorders of intestine; Angiodysplasia of intestine with hemorrhage
578.0	Gastrointestinal hemorrhage; Hematemesis
578.9	Gastrointestinal hemorrhage; Hemorrhage of gastrointestinal tract, unspecified
579.9	Intestinal malabsorption; Unspecified intestinal malabsorption
585.6	Chronic kidney disease (CKD); End stage renal disease
698.0	Pruritus and related conditions; Pruritus ani
780.4	General symptoms; Dizziness and giddiness
780.71	General symptoms; Malaise and fatigue; Chronic fatigue syndrome
780.79	General symptoms; Malaise and fatigue; Other malaise and fatigue
785.1	Symptoms involving cardiovascular system; Palpitations
785.2	Symptoms involving cardiovascular system; Undiagnosed cardiac murmurs
785.3	Symptoms involving cardiovascular system; Other abnormal heart sounds
787.2	Symptoms involving digestive system; Dysphagia
787.3	Symptoms involving digestive system; Flatulence, eructation, and gas pain
787.9	Symptoms involving digestive system; Other symptoms involving digestive system
787.91	Symptoms involving digestive system; Other symptoms involving digestive system; Diarrhea
787.99	Symptoms involving digestive system; Other symptoms involving digestive system; Other
789.1	Other symptoms involving abdomen and pelvis; Hepatomegaly
789.5	Other symptoms involving abdomen and pelvis; Ascites
790.92	Nonspecific findings on examination of blood; abnormal coagulations profile
792.1	Nonspecific abnormal findings in other body substances; Stool contents
793.4	Nonspecific (abnormal) findings on radiological and other examination of body structure; Gastrointestinal tract
794.30	Cardiovascular; Abnormal function study, unspecified
794.31	Cardiovascular; Abnormal electrocardiogram [ECG] [EKG]
936	Foreign body in intestine and colon
937	Foreign body in anus and rectum
211.4	Benign neoplasm of other parts of the digestive system; Rectum and anal canal
558.9	Other and unspecified noninfectious gastroenteritis and colitis; Other and unspecified noninfectious gastroenteritis and colitis
578.1	Gastrointestinal hemorrhage; Blood in stool (hematochezia)
V10.0	Malignant neoplasm (of) gastrointestinal tract - Personal History
V10.00	Malignant neoplasm (of) gastrointestinal tract, unspecified - Personal History

V10.05	Malignant neoplasm (of) large intestine - Personal History
V10.06	Malignant neoplasm (of) rectum, rectosigmoid junction, and anus - Personal History
V12.72	Colonic polyps - Personal History
V12.79	Disease (of) digestive system; specified NEC - Personal History
V16.0	Malignant neoplasm (of) colon - Family History
V18.51	Colonic polyps - Family History
V18.59	Disease (of) digestive system; specified NEC - Family History
V72.63	Laboratory examination; Pre-procedural laboratory examination
V72.69	Laboratory examination; Other laboratory examination
V76.41	Special screening for malignant neoplasms; Other sites; Rectum
V76.50	Special screening for malignant neoplasms; Intestine, unspecified
V76.51	Special screening for malignant neoplasms; Intestine; Colon
V76.52	Special screening for malignant neoplasms; Intestine, Small intestine

Challenge

- Think outside of CPT code book.
- Get familiar with Gastroenterology report / dictation system.
- Good communication with your gastroenterologist.
- Coding for multiple endoscopy procedures.

- The multiple endoscopy policy for Medicare went into effect April 1, 1993, and is still current as of today. This policy is in the MCM section 15038 and states:
- *Multiple Endoscopies for multiple endoscopic procedures, use the full value of the highest valued endoscopy plus the difference between the next highest and the base endoscopy (the parent code).*
- *For example, in the course of performing fiberoptic colonoscopy (code 45378), a physician performs a biopsy (code 45380) and removes a polyp by snare (45385). Both codes contain the value of the base endoscopy, code 45378. Use the actual value of the code 45385 plus the difference between 45380 and 45378 to figure your reimbursement.*

Solution to “clean claim”

1. Make sure that there is a **preoperative** and **post-operative** diagnosis.

Even if the endoscopy is negative, go back to the original reason for the procedure as the diagnosis for the endoscopy.

2. Be specific as to how the biopsy/polypectomy was performed.

The phrase, "multiple polypectomies" does not give enough information to submit a claim.

3. LOCATION, LOCATION, LOCATION.

In order to get paid for the different techniques in different sites within the intestine, the location of the lesion is essential in order to apply the modifier –59.

4. If multiple biopsies were taken during the session, make sure to also add how much additional time, work, and effort was involved.
- i.e. : colonoscopy for Inflammatory bowel disease surveillance take >30 biopsies
- There may be support for a –22 modifier if documented.
 - Codes that describe biopsy(s) should only be reported **once** regardless of the number of biopsies performed.

5. EGD and colonoscopies performed at the same session do not need a –59 modifier on either procedure as they are not bundled together.

6. Control bleeding that occurs spontaneously or as a result of traumatic injury (ie: postpolypectomy bleeding) and not as a result of another type of operative intervention **IS** billable.

* Some electronic medical record will not automatically add this code to the report, depending on how your physician puts it in.

7. Incomplete Colonoscopy

- The inability to extend beyond the splenic flexure is billed and paid using colonoscopy code 45378 with modifier –53.

*The report needs to specify the reason for this.

Poor bowel prep – etc.

8. If the intent of a colonoscopy was for screening and a polyp or lesion is found and treatment is done, then the colonoscopy is billed as a surgical procedure and two diagnoses should be used.

Example: V76.51 Screening for Colon Cancer

211.3 Polyp

- Listing the Screening Diagnosis primary, but linking the 211.3 to the CPT procedure code can waive the deductible for the patient as they presented for a screening and should not be penalized if a polyp is found.
- For Medicare MODIFIER –PT. Screening presentation converted to Diagnostic Procedure. Medicare Deductible WAIVED. MUST use the V76.51 as the primary diagnosis. If the patient is NON-Medicare, then the -33 modifier is used on the diagnostic endoscopy.

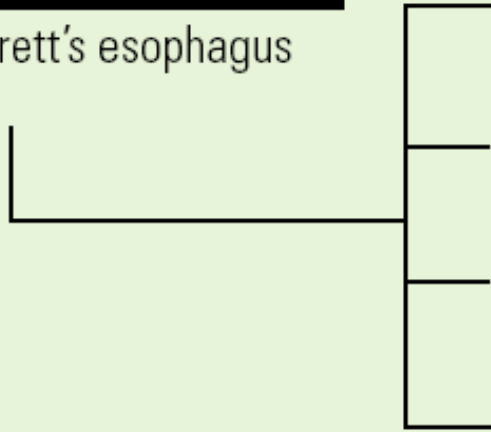
9. Anemia unspecified (285.9) is not covered by most Medicare payers for colonoscopy and/or upper GI endoscopy.
- Be specific as to iron deficiency anemia substantiated by iron studies.
 - This needs to be in the report. 280.0 or 280.9 is most often a covered contributing diagnosis.

New ICD-9 Codes

ICD-9	DESCRIPTOR
041.41	Shiga toxin-producing <i>Escherichia coli</i> [<i>E. coli</i>] (STEC) O157
041.42	Other specified Shiga toxin-producing <i>Escherichia coli</i> [<i>E. coli</i>] (STEC)
041.43	Shiga toxin-producing <i>Escherichia coli</i> [<i>E. coli</i>] (STEC), unspecified
041.49	Other and unspecified <i>Escherichia coli</i> [<i>E. coli</i>]
539.01	Infection due to gastric band procedure
539.09	Other complications of gastric band procedure
539.81	Infection due to other bariatric procedure
539.89	Other complications of other bariatric procedure
573.5	Hepatopulmonary syndrome
997.41	Retained cholelithiasis following cholecystectomy
997.49	Other digestive system complications
999.42	Anaphylactic reaction due to vaccination
999.49	Anaphylactic reaction due to other serum
999.52	Other serum reaction due to vaccination
999.59	Other serum reaction
V12.29	Personal history of other endocrine, metabolic and immunity disorders
V13.89	Personal history of other specified diseases

- ICD-10 in October 2014
- Much greater complexity
- Physicians and practices will adapt it over 2 years.
- Oct 1, 2014 – regular update of ICD-10 will start

ICD-9	DESCRIPTOR
530.85	Barrett's esophagus



ICD-10	DESCRIPTOR
K2270	Barrett's esophagus without dysplasia
K22710	Barrett's esophagus with low-grade dysplasia
K22711	Barrett's esophagus with high-grade dysplasia
K22719	Barrett's esophagus with dysplasia, unspecified

Summary

- Understand the report system at your practice.
- Good communication and feedback with your physician.
- Double check “automatic coding system” by the electronic medical record.
- **Location**, **Indication** and Detail of each procedures

- Questions